## TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

TRICARE ENCOUNTER DATA (TED)

Chapter 2 Section 5.5

## INSTITUTIONAL EDIT REQUIREMENTS (ELN 400 - 499)

VALIDITY EDITS						
1-400-01V	VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO CHAPTER 2, ADDENDUM H) <b>OR</b> BLANK.					
	RELATIO	ONAL E	DITS			
1-400-01R	IF AMOUNT ALLOWED (TOTAL) = ZERO					
	THEN ALL OCCURRENCE/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO FIGURE 2-H-1 OR FIGURE 2-H-2)					
	UNLESS TYPE OF SUBMISSION =	В	ADJUSTMENT OF NON-TED RECORD (HCSR) DATA <b>OR</b>			
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA			
1-400-02R	IF TYPE OF SUBMISSION =	С	COMPLETE CANCELLATION OR			
		D	COMPLETE DENIAL			
			G (EXCLUDING REVENUE CODE 0001) MUST REASON CODE (REFER TO FIGURE 2-H-1 <b>OR</b>			
1-400-03R	IF FREQUENCY CODE =	1	ADMIT THRU DISCHARGE			
	AND PRICING RATE CODE =	Н	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>			
		Ι	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>			
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER			
	THEN NO OCCURRENCE OF ADJUSTMENT/DENIAL					
	REASON MAY =	135	CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED			
1-400-04R	IF PRICING RATE CODE =	Н	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER <b>OR</b>			
		Ι	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>			
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER			
	AND REVENUE CODE = 0901, 09 081X (ORGAN ACQUISITION)	14- <mark>0</mark> 918	, 096X-098X (PROFESSIONAL SERVICES), OR			

THEN ADJUSTMENT/DENIAL REASON CODE MUST BE A CODE LISTED IN FIGURE 2-H-1 OR FIGURE 2-H-2

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CHAPTER 2, SECTION 5.5

INSTITUTIONAL EDIT REQUIREMENTS (ELN 400 - 499)

ELEMENT NAME:		ADJUSTMENT/DENIAL REASON CODE (1-400) (CONTINUED)				
1-400-05R		NY OCCURRENCE OF USTMENT/DENIAL REASON DE =	135	CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED		
	I	•		MUST BE DENIED (ADJUSTMENT/DENIAL ED IN CHAPTER 2, ADDENDUM H, FIGURE 2-H-		